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|                                                                                                                                     |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No.    | AP34567 070132.0166       |
|                                                                                                                                     | First Inventor         | CHARLES A. CODY           |
|                                                                                                                                     | Title                  | METHOD FOR * see attached |
|                                                                                                                                     | Express Mail Label No. | EV342493707US             |

19704 U.S. PTO  
10/622327  
07/18/03

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>51</u> ]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br><input checked="" type="checkbox"/> Claim(s) [Total Sheets <u>7</u> ]<br><input checked="" type="checkbox"/> Abstract of the Disclosure [Total Sheets <u>1</u> ]<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>1</u> ]<br>5. Combined Declaration/poa [Total Pages <u>3</u> ]<br>a. <input checked="" type="checkbox"/> unexecuted (original or copy)<br>Copy from a prior application (37 CFR 1.63 (d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br>(when there is an assignee) Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent.<br>17. <input type="checkbox"/> Other: |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,<br>or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____<br>Prior application information: Examiner _____ Group Art Unit: _____<br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under<br>Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.<br>The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Registration No. (Attorney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

**Addendum Sheet 1****\*Question 4 Addendum**4.a. Drawings are ☐ formal ☒ informal**\* Question 5 Addendum**5.c. ☐ An unsigned oath or declaration is included.**\* Question 8 Addendum**8.d. ☐ A sequence submission will follow.**\* Question 9 Addendum**9.a. ☒ Assignment documents will follow.9.b. ☐ Assignment documents have been filed in  
parent application No.**\* Question 11 Addendum**11.a. ☐ English translation will follow.**\* Question 12 Addendum**12.a. ☐ Copies of IDS citations will follow.**\* Question 15 Addendum**15.a. ☐ Certified copies of priority documents will follow.15.b. ☐ Certified copies of priority documents have been filed in parent  
application No.

Use the space below for additional information

Inventors -Charles A. Cody, Paul Carey and Youssef Awad

Title (continued):

**METHOD FOR INCORPORATING CATIONIC MOLECULES INTO A SUBSTRATE FOR  
INCREASING DISPERSIBILITY OF CATIONIC MOLECULES**

## Addendum Sheet 2

18a. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

18b. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

18c. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

☐ Amend the specification by inserting before the first line the sentence(s)

☐ "This application is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ "This application is based upon:

prior application No.: \_\_\_\_\_, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. \_\_\_\_\_, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No.: \_\_\_\_\_, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No.: \_\_\_\_\_, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. \_\_\_\_\_, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. \_\_\_\_\_, incorporated by reference herein

Priority under 35.U.S.C. §119 is claimed based upon the following applications.

Foreign Applications:

|                |                  |                    |
|----------------|------------------|--------------------|
| Country: _____ | Serial No: _____ | Filing Date: _____ |
| Country: _____ | Serial No: _____ | Filing Date: _____ |
| Country: _____ | Serial No: _____ | Filing Date: _____ |

Provisional Applications:

|                              |                                   |
|------------------------------|-----------------------------------|
| Serial No: <u>60/397,437</u> | Filing Date: <u>July 18, 2002</u> |
| Serial No: _____             | Filing Date: _____                |
| Serial No: _____             | Filing Date: _____                |

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,176

## Complete if Known

|                      |                     |
|----------------------|---------------------|
| Application Number   | to be assigned      |
| Filing Date          | July 18, 2003       |
| First Named Inventor | CHARLES A. CODY     |
| Examiner Name        | to be assigned      |
| Art Unit             | to be assigned      |
| Attorney Docket No.  | AP34567 070132.0166 |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
 Deposit  
Account  
Number  
Deposit  
Account  
Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |          |
| 1001         | 750      | 2001         | 375      | Utility filing fee     | 375      |
| 1002         | 330      | 2002         | 165      | Design filing fee      |          |
| 1003         | 520      | 2003         | 260      | Plant filing fee       |          |
| 1004         | 750      | 2004         | 375      | Reissue filing fee     |          |
| 1005         | 160      | 2005         | 80       | Provisional filing fee |          |
| SUBTOTAL (1) |          |              |          |                        | (\$) 375 |

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid   |
|--------------------|--------------|----------------|------------|
| 39                 | - 20 = 19    | X 9 = 171      |            |
| Independent Claims | 18           | - 3 = 15       | X 42 = 630 |
| Multiple Dependent |              |                |            |

| Large Entity |          | Small Entity |          | Fee Description                                            |
|--------------|----------|--------------|----------|------------------------------------------------------------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                                                            |
| 1202         | 18       | 2202         | 9        | Claims in excess of 20                                     |
| 1201         | 84       | 2201         | 42       | Independent claims in excess of 3                          |
| 1203         | 280      | 2203         | 140      | Multiple dependent claim, if not paid                      |
| 1204         | 84       | 2204         | 42       | ** Reissue independent claims over original patent         |
| 1205         | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$801

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description                                                            | Fee Paid |
|----------|----------|----------|----------|----------------------------------------------------------------------------|----------|
| 1051     | 130      | 2051     | 65       | Surcharge - late filing fee or oath                                        |          |
| 1052     | 50       | 2052     | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053     | 130      | 1053     | 130      | Non-English specification                                                  |          |
| 1812     | 2,520    | 1812     | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |
| 1804     | 920*     | 1804     | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805     | 1,840*   | 1805     | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251     | 110      | 2251     | 55       | Extension for reply within first month                                     |          |
| 1252     | 410      | 2252     | 205      | Extension for reply within second month                                    |          |
| 1253     | 930      | 2253     | 465      | Extension for reply within third month                                     |          |
| 1254     | 1,450    | 2254     | 725      | Extension for reply within fourth month                                    |          |
| 1255     | 1,970    | 2255     | 985      | Extension for reply within fifth month                                     |          |
| 1401     | 320      | 2401     | 160      | Notice of Appeal                                                           |          |
| 1402     | 320      | 2402     | 160      | Filing a brief in support of an appeal                                     |          |
| 1403     | 280      | 2403     | 140      | Request for oral hearing                                                   |          |
| 1451     | 1,510    | 1451     | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452     | 110      | 2452     | 55       | Petition to revive - unavoidable                                           |          |
| 1453     | 1,300    | 2453     | 650      | Petition to revive - unintentional                                         |          |
| 1501     | 1,300    | 2501     | 650      | Utility issue fee (or reissue)                                             |          |
| 1502     | 470      | 2502     | 235      | Design issue fee                                                           |          |
| 1503     | 630      | 2503     | 315      | Plant issue fee                                                            |          |
| 1460     | 130      | 1460     | 130      | Petitions to the Commissioner                                              |          |
| 1807     | 50       | 1807     | 50       | Processing fee under 37 CFR 1.17(q)                                        |          |
| 1806     | 180      | 1806     | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021     | 40       | 8021     | 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809     | 750      | 2809     | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810     | 750      | 2810     | 375      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801     | 750      | 2801     | 375      | Request for Continued Examination (RCE)                                    |          |
| 1802     | 900      | 1802     | 900      | Request for expedited examination of a design application                  |          |

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0

## SUBMITTED BY

(Complete if applicable)

|                   |                             |                                   |         |           |              |
|-------------------|-----------------------------|-----------------------------------|---------|-----------|--------------|
| Name (Print/Type) | Carmella L. Stephens        | Registration No. (Attorney/Agent) | 41,328  | Telephone | 212.408.2539 |
| Signature         | <i>Carmella L. Stephens</i> | Date                              | 7/18/03 |           |              |

**CERTIFICATION UNDER 37 C.F.R. 1.8(a) OR 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory; Express Mail Certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

☐ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

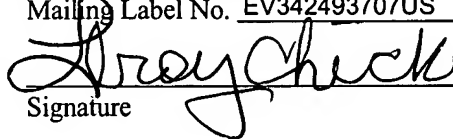
**37 C.F.R. 1.8(a)**

☐ with sufficient postage as first class mail.

**37 C.F.R. 1.10\***

☐ as "Express Mail Post Office to Address"

Mailing Label No. EV342493707US (mandatory)

  
Signature

Date: July 18, 2003

Leroy Chick

*(type or print name of person certifying)*

**\*WARNING:** *Each paper of fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing 37 C.F.R. 1.10(b). "Since the filing of correspondence under § 1.10 without the Express Mail label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition. "Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.*